

DOUGLAS COUNTY, NV

2016-884383

Rec:\$16.00

\$16.00 Pgs=3

07/15/2016 10:05 AM

FIRST AMERICAN TITLE INSURANCE CO.- API

KAREN ELLISON, RECORDER

APN: 1220-16-610-100

RECORDING REQUESTED BY and
WHEN RECORDED MAIL TO:
First American Title Insurance Company
Attn: National Recording
1100 Superior Avenue, Suite 200
Cleveland, OH 44114

MAIL TAX STATEMENTS TO:
Joyce Kiel
1335 S. Riverview Dr.
Gardnerville, NV 89460

[Space Above This Line For Recorder's Use]

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Nevada)
COUNTY OF Douglas):ss

JOYCE A. KIEL, being first duly sworn upon her oath, deposes and says:

That Affiant is the surviving spouse and joint tenant of EDWARD F. KIEL JR., Deceased;

That EDWARD F. KIEL JR. died on March 19, 2012;

That a certified copy of the Certificate of Death of EDWARD F. KIEL JR. is attached
hereto;

That at the date of his death, EDWARD F. KIEL JR. held an interest as a joint tenants with
right of survivorship with Affiant, JOYCE A. KIEL, in that certain piece or parcel of land situated
in DOUGLAS County, State of Nevada, described as follows:

**LOT 119, OF GARDNERVILLE RANCHOS UNIT NO. 2, ACCORDING TO THE MAP
THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS
COUNTY, NEVADA, ON JUNE 1, 1965, IN BOOK 1 OF MAPS, AS DOCUMENT NO.
28309 AND TITLE SHEET AMENDED ON JUNE 4, 1965, AS DOCUMENT NO. 28377.**

APN: 1220-16-610-100
Commonly known as: 1335 S. RIVERVIEW DR., GARDNERVILLE, NV 89460

That said joint tenancy was created by a Grant, Bargain, Sale Deed recorded with the
DOUGLAS County Recorder on October 14, 2004, in Book 1004, Page 05738, of official records.

KIEL
51314353

FIRST AMERICAN ELS
AFFIDAVIT OF DEATH

NV

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That on account of the death of EDWARD F. KIEL JR., Affiant, JOYCE A. KIEL, as an unmarried woman, succeeds to the interest of EDWARD F. KIEL JR. as the survivor of the joint tenancy between EDWARD F. KIEL JR. and JOYCE A. KIEL in the foregoing described property.

That Affiant executed the foregoing Affidavit after having read the same; that the contents thereof are true of her knowledge, except as to those matters therein stated on information and belief and as to those matters, she believes them to be true.

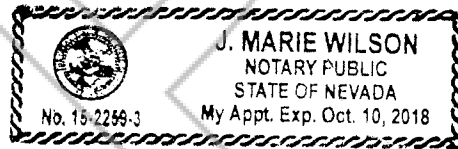
FURTHER YOUR AFFIANT SAYETH NOT.

DATED this 20TH day of MAY, 2016.

Joyce A. Kiel
JOYCE A. KIEL

SUBSCRIBED AND SWORN to before me on this 20th day of may, 2016.

J. Marie Wilson
NOTARY PUBLIC in and for said
COUNTY and STATE



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2012007246
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Edward Frank KIEL		2. DATE OF DEATH (Mo/Day/Year) March 19, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1335 S. Riverview Dr.		3e. If Hosp. or Inst. Indicate DOA,OP/Emar. Rm. Inpatient(Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 53	
7b. UNDER 1 YEAR MOB DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 02, 1958	
9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Joyce SANDERS		13. SOCIAL SECURITY NUMBER 1914	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Military Police Officer		14b. KIND OF BUSINESS OR INDUSTRY U. S. Government		15. Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1335 S. Riverview Dr.		15e. INDICE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Frank KIEL SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosemary PLASKY		
18a. INFORMANT-NAME (Type or Print) Joyce KIEL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1335 S. Riverview Dr Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Ferley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>SIGNATURE AUTHENTICATED</i>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARSHALL FLAGG <i>SIGNATURE AUTHENTICATED</i>		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) May 09, 2012	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 19, 2012		22c. HOUR OF DEATH 16:30	
22e. PRONOUNCED DEAD AT (Hour) 16:30		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy MARSHALL FLAGG P.O. BOX 218 Minden, NV 89423			
23b. LICENSE NUMBER 465					
24a. REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 10, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Pulmonary Thromboembolism					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3645831

VR8-Rev-20110325

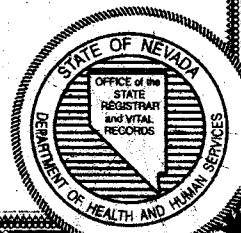
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **05/10/2012**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Red Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE